

AUG 27 2007

PTO/SB/17 (08-07)

Approved for use through 08/30/2007. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4218).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2007</h3>		<p>Complete if Known</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/537,770-Conf. #4868
		Filing Date	October 25, 2005
		First Named Inventor	Graham P. Hopkins
		Examiner Name	Marcus H. Tanningco
		Art Unit	2884
TOTAL AMOUNT OF PAYMENT		(\$)	450.00
		Attorney Docket No.	41557-218983

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**
 16 - 20 = 0 x = **Fee (\$)** **Fee Paid (\$)**
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 1 - 3 = 0 x = **Fee (\$)** **Fee Paid (\$)**
 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month **450.00**

SUBMITTED BY

Signature	<u>Robert Kinberg</u>	Registration No. (Attorney/Agent)	26,924	Telephone	(202) 344-4000
Name (Print/Type)	Robert Kinberg	Date	June 8, 2007		

DC2/865858

AUG 27 2007

VENABLE LLP

575 7th Street, NW
Washington, DC 20004-1601

Telephone 202-344-4000
Facsimile 202-344-8300

www.venable.com

TO:
Examiner Marcus Taningco
U.S. Patent and Trademark Office
Art Unit 2884

FAX NUMBER:
(571) 273-1848
(571) 273-8300

PHONE NUMBER:
(571) 272-1848

SENDER:
Kyle D. Petaja

SENDER'S FAX NUMBER:
(202) 344-8300

SENDER'S PHONE NUMBER:
(202) 344-4457

SENDER'S ASSISTANT:
Vilma Cruz

ASSISTANT'S PHONE NUMBER:
(202) 344-4202

DATE:
August 27, 2007

CLIENT/MATTER NUMBER:
41557-218983

PAGES, EXCLUDING COVER:
11

MESSAGE:

As discussed in your telephone conversation with Alisha Watford, attached please find a copy each of the PTO date-stamped filing receipt, a Transmittal Form, a Fee Transmittal, a Two-Month Petition for Extension of Time and an Amendment as filed with the U.S. Patent and Trademark Office on June 8, 2007.

Should you need to discuss this case further, please contact me at the above telephone number.

Sincerely,
Kyle Petaja

If you require assistance with this transmission, please contact the sender.
This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the U.S. postal service.

U.S. Treasury Circular 230 Notice: Any tax advice contained in this facsimile transmission (including the cover sheet), unless otherwise stated, was not intended or written to be used, and cannot be used, for the purpose of (a) avoiding tax-related penalties; or (b) promoting, marketing or recommending to another party any tax-related matter addressed herein. We provide this disclosure on all faxes to ensure compliance with new standards of professional practice, pursuant to which certain tax advice must meet requirements as to form and substance. Thank you.

AUG 27 2007

June 8, 2007

Filing Date: October 25, 2005

Patent No. : _____

Issue Date: _____

U.S. PTO FEES ENCLOSED

_____	Filing Fee
_____	Search Fee
_____	Examination Fee
_____	Additional Claim Fee
450.00	Extension Fee
_____	IDS Fee
_____	Recordation Fee
_____	Notice of Appeal Fee
_____	Brief on Appeal
_____	Oral Hearing Request Fee
_____	Petition Fee
_____	Issue Fee
_____	Publication Fee
_____	Certificate of Correction Fee
_____	Maintenance Fee
_____	Other Fees (Describe)

450.00	Total Fees Paid

Charge the above fees as follows:

☒ **USPTO Deposit Account No. 22-0261**

☐ **USPTO Deposit Account No. _____**

☐ **USPTO not to charge any Deposit Account**

RECEIVED
CENTRAL FAX CENTER

AUG 27 2007

PTO/SB/21 (09-08)

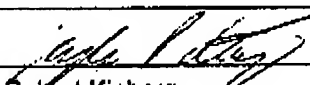
Approved for use through 03/31/2007. OMB 0851-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1>TRANSMITTAL FORM</h1> <p><small>(to be used for all correspondence after initial filing)</small></p>	Application Number	10/731,548-Conf. # 4866	
	Filing Date	October 25, 2005	
	First Named Inventor	Graham Paul Hopkins	
	Art Unit	2884	
	Examiner Name	Marcus H. Taningco	
Total Number of Pages in This Submission	9	Attorney Docket Number	41557-218983

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Information Disclosure Form PTO/SB/08A/B <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	VENABLE LLP		
Signature			
Printed name	Robert Kinberg		
Date	June 8, 2007	Reg. No.	26,924

DC2/865664